



www.tampabay-counseling.com

Chuck Crouse, MA, CRC, MBA, CPA 3825 Henderson, Blvd. Tampa, FL. 33629
Registered Mental Health Counselor Intern 813.344.1671 Suite 405
Registered Marriage & Family Therapist Intern chuck@tampabay-counseling.com

Collateral Therapy Consent

I, _____, (the collateral participant) have been invited by

_____ (client) to attend one or more of the client's psychotherapy sessions with Chuck Crouse, Registered Mental Health Counselor Intern / Registered Marriage & Family Therapist Intern (the "Therapist Intern"). I understand that the purpose of my attending is to assist the client and the therapist in the client's treatment and **not** to seek psychotherapy for myself. I understand that my role as a collateral ally in the client's psychotherapy is to:

- a) provide information about the client, both factual and from my personal perspective;
- b) participate in exercises during sessions that are intended to help further the client's treatment;
- c) support the client during treatment in other ways.

I understand that my participation is voluntary, and that at any time I can withdraw, decline to answer any question or to participate in any exercise. I certify that I do not have a personal or client relationship with the Therapist Intern. I am not responsible for any therapy fees with the Intern, except in those cases, such as parent or legal guardianship, in which I would normally be responsible for the client's therapy fees.

I understand that what I say in session(s) may be discussed between the Therapist Intern and the client. (**Note:** As a general rule it is difficult, if not impossible, and not advisable to disclose information to the Therapist Intern with the expectation of keeping it private from the client since the therapy is for the benefit of the client. If you wish to maintain some privacy concerning some aspects of our communications, we should discuss it before any information is communicated by you).

As a collateral ally I understand that I have certain rights and requirements pertaining to confidentiality, as well as some limits to that confidentiality. I am expected to maintain the confidentiality of the client. I understand that although the Therapist Intern will not maintain a chart on me nor make any diagnosis, notes about me which pertain to my relationship with the client may be entered into the client's chart, as well as some of my comments about the client. Because the client has rights to his/her confidentiality, I may not request to access that chart without the written consent of the client. The client however, pursuant to state and federal laws, **can** access his/her chart. I understand the following exceptions to confidentiality, which pertain to both the client and myself:



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- If the Therapist Intern suspects abuse or neglect of a child or a vulnerable adult, he is required to make a report with the appropriate agency.
- If the Therapist Intern believes that I am a danger to myself (suicidal) he is permitted to disclose confidential information and take actions to protect my life.
- If I threaten serious bodily harm to another the Therapist Intern is required to take, to the extent possible, necessary actions to report this to law enforcement and protect that person. I acknowledge that this will likely result in the disclosure of confidential information.
- If a court requires that Therapist Intern submit information or testify in a case involving me or the client, he must comply. Please note that the Therapist will do so only if the court requires it, not merely if an attorney requests information.
- If insurance is used to pay for the treatment, the insurance company may require the Therapist Intern to submit information about the treatment before they will pay for treatment.

I understand that my role as a collateral may create some anxiety or emotional distress in me. It may also expose or create some emotions in my relationship with the client. I understand that, if I find myself experiencing any emotional difficulties, and I am not currently in psychotherapy, I should let the Therapist Intern know so that he can suggest resources or referrals for me.

I certify that I understand all of the above information and that I have had an opportunity to ask any questions.

I, _____ (client) give permission for _____
(collateral participant) to attend one or more of my psychotherapy sessions.

Signature of Client: _____ Date: _____

Signature of Collateral Participant: _____ Date: _____

Printed Name: _____